

Congressional district. Mayor Garth G. Gardner is retiring as mayor of Pico Rivera, Calif., capping off a public career that expands nearly 50 years.

Mr. Gardner was born on September 25, 1922 in Carbon County, Utah, graduating from Carbon County High School in 1940. After attending Carbon County Junior College for two years, Mr. Gardner enlisted in the U.S. Air Force. Based in New Guinea in the South Pacific, he flew 29 missions against the enemy in a B-24 liberator, with a crew of 10 servicemen. For his acts of bravery and honor during World War II, I presented Mayor Gardner with the Purple Heart Medal on Veterans Day, November 11, 2000.

Following his return to the United States, Mr. Gardner married Mary Ponti on December 30, 1945. Six days after his marriage, Garth was discharged from the U.S. Air Force and soon began pursuing a Bachelor of Science degree in Business Administration from the University of Southern California, graduating in 1948. Following his graduation, Mr. Gardner settled in Pico Rivera, where he raised his three sons.

Mayor Gardner began his career working for the Los Angeles County Flood Control District for 25 years and retired from the County in 1976. Elected to the Pico Rivera City Council in 1972, Mayor Gardner has been re-elected every four years and will serve until his retirement next month. Also, during his tenure on the City Council, Mr. Gardner served as Mayor in 1974, 1977, 1982, 1987, 1991, 1995, 1998 and 2000. Mayor Gardner has also served on numerous commissions and coalitions throughout his public career.

I am truly honored to know and have worked with Mayor Gardner during his illustrious career and wish him and his family much happiness in the future.

TRIBUTE TO DR. HAROLD NOVOG

HON. ANTHONY D. WEINER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 13, 2001

Mr. WEINER. Mr. Speaker, I pay tribute to Dr. Harold Novog who will celebrate his 70th birthday on February 17, 2001. Dr. Novog is an outstanding member of the New York health community and a dedicated, caring physician.

A native of New York City, Dr. Novog attended this country's premier science high school, Stuyvesant High School, graduating with honors in 1948. He entered Queens College where he studied until he was called to active duty in the U.S. Air Force. He served in a medical unit at Fort Ethan Allen in Vermont and later at Lackland Air Force Base in Texas. After completing his military service, Dr. Novog returned to civilian life to finish his education. Graduating from Queens College in 1953, he went on to attend Downstate Medical Center where he received his medical degree in 1957. He completed a 1-year internship at Meadowbrook Hospital in Hempstead, NY, and a 3-year residency in Internal Medicine at the Veterans Administration Medical Center in the Bronx, NY. He was board certified in internal medicine in 1962.

Dr. Novog maintained a private practice while serving on the staff at Jamaica and

Booth Memorial Hospitals and at the Chapin Nursing Home in Queens, NY. During his tenure at Booth Memorial, he served on the staff of the hospital's first detoxification unit. As a result of his outstanding work at Booth Memorial, Dr. Novog, in 1984, was appointed the medical director of "Alive and Well," a private treatment center for alcoholics.

Dr. Novog left private practice to join the staff of Columbia Presbyterian Hospital in 1987 remaining there until his retirement in July 2000. While at Columbia Presbyterian he became, in the truest sense, a "doctor's doctor," responsible for the health care of the hospital's staff.

Dr. Novog's exemplary service to the New York community is greatly appreciated. His dedication to medicine, his professional integrity and his commitment to the highest standards of patient care have earned him the acclaim and respect of staff and patients alike. As he commemorates this significant milestone, it is indeed an honor for me to join with Dr. Novog's family, friends and colleagues in conveying my warmest birthday wishes. Dr. Novog has my heartiest personal congratulations. I ask you to join me in honoring Dr. Novog for his distinguished career in serving others.

RECOGNITION OF EXEMPLARY STUDENT VOLUNTEER

HON. TIM JOHNSON

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 13, 2001

Mr. JOHNSON of Illinois. Mr. Speaker, I would like to congratulate and honor a young Illinois student from my district who has achieved national recognition for exemplary volunteer service in her community. Allison Harms of Bloomington has just been named one of my state's top honorees in the 2001 Prudential Spirit of Community Awards program, an annual honor conferred on the most impressive student volunteers in each state, the District of Columbia and Puerto Rico.

Ms. Harms is being recognized for her creation of "Sew On and Sew Forth," an organization that provides hand-sewn items such as quilts, teddy bears, pillows, and clothing to the sick and needy in her community.

In light of numerous statistics that indicate Americans today are less involved in their communities than they once were, it's vital that we encourage and support the kind of selfless contribution this citizen has made. People of all ages need to think more about how we, as individual citizens, can work together at the local level to ensure the health and vitality of our towns and neighborhoods. Young volunteers like Ms. Harms are inspiring examples to all of us, and are among our brightest hopes for a better tomorrow.

The program that brought this young role model to our attention—the Prudential Spirit of Community Awards—was created by the Prudential Insurance Company of America in partnership with the National Association of Secondary School Principals in 1995 to impress upon all youth volunteers that their contributions are critically important and highly valued, and to inspire other young people to follow their example. Over the past 6 years, the program has become the nation's largest youth

recognition effort based solely on community service, with nearly 100,000 youngsters participating since its inception.

Ms. Harms should be extremely proud to have been singled out from such a large group of dedicated volunteers. I heartily applaud Allison Harms for her initiative in seeking to make her community a better place to live, and for the positive impact she has had on the lives of others. She has demonstrated a level of commitment and accomplishment that is truly extraordinary in today's world, and deserves our sincere admiration and respect. Her actions show that young Americans can—and do—play important roles in our communities, and that America's community spirit continues to hold tremendous promise for the future.

MEDICARE MENTAL ILLNESS NON-DISCRIMINATION ACT

HON. MARGE ROUKEMA

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 13, 2001

Mrs. ROUKEMA. Mr. Speaker, today I am reintroducing the Medicare Mental Illness Non-Discrimination Act, legislation to end the historic discrimination against Medicare beneficiaries seeking outpatient treatment for mental illness. I first introduced this bill in the 106th Congress, and I am pleased to again sponsor anti-discrimination legislation in the 107th Congress.

Medicare law now requires patients to pay a 20 percent copayment for Part B services. However, the 20 percent copayment is not the standard for outpatient psychotherapy services. For these services, Section 1833(c) of the Social Security Act requires patients to pay an effective discriminatory copayment of 50 percent.

Let me explain this another way: If a Medicare patient has an office visit to an endocrinologist for treatment for diabetes, or an oncologist for cancer treatment, or a cardiologist for heart disease, or an internist for the flu, the copayment is 20 percent. But if a Medicare patient has an office visit to a psychiatrist or other physician for treatment for major depression, bipolar disorder, schizophrenia, or any other illness diagnosed as a mental illness, the copayment for the outpatient visit for treatment of the mental illness is 50 percent. The same discriminatory copayment is applied to qualified services by a clinical psychologist or clinical social worker. This is quite simply discrimination. It is time for Congress to say "enough."

U.S. Surgeon General David Satcher, M.D., Ph.D. recently released a landmark study on mental illness. The Surgeon General's report is an extraordinary document that details the depth and breadth of mental illness in this country. According to Dr. Satcher, "mental disorders collectively account for more than 15 percent of the overall burden of disease from all causes and slightly more than the burden associated with all forms of cancer." The burden of mental illness on patients and their families is considerable. The World Health Organization reports that mental illness including suicide ranks second only to heart disease in the burden of disease measured by "disability adjusted life year."

The impact of mental illness on older adults is considerable. Prevalence in this population of mental disorders of all types is substantial. Eight to 20 percent of older adults in the community and up to 37 percent in primary care settings experience symptoms of depression, while as many as one in two new residents of nursing facilities are at risk of depression. Older people have the highest rate of suicide in the country, and the risk of suicide increases with age. Americans age 85 years and up have a suicide rate of 65 per 100,000. Older white males, for example, are six times more likely to commit suicide than the rest of the population. There is a clear correlation of major depression and suicide: 60 to 75 percent of suicides of patients 75 and older have diagnosable depression. Put another way, untreated depression among the elderly substantially increases the risk of death by suicide.

Mental disorders of the aging are not, of course, limited to major depression with risk of suicide. The elderly suffer from a wide range of disorders including declines in cognitive functioning, Alzheimer's disease (affecting 8 to 15 percent of those over 65) and other dementias, anxiety disorders (affecting 11.4 percent of adults over 55), schizophrenia, bipolar disorder, and alcohol and substance use disorders. Some 3 to 9 percent of older adults can be characterized as heavy drinkers (12 to 21 drinks per week). While illicit drug use among this population is relatively low, there is substantial increased risk of improper use of prescription medication and side effects from polypharmacy.

While we tend to think of Medicare as a "senior citizen's health insurance program," there are substantial numbers of disabled individuals who qualify for Medicare by virtue of their long-term disability. Of those, the National Alliance for the Mentally Ill reports that some 400,000 non-elderly disabled Medicare beneficiaries become eligible by virtue of mental disorders. These are typically individuals with the severe and persistent mental illnesses, such as schizophrenia.

Regardless of the age of the patient and the specific mental disorder diagnosed, it is absolutely clear that mental illness in the Medicare population causes substantial hardships, both economically and in terms of the consequences of the illness itself. As Dr. Satcher puts it, "mental illnesses exact a staggering toll on millions of individuals, as well as on their families and communities and our Nation as a whole."

Yet there is abundant good news in our ability to effectively and accurately diagnose and treat mental illnesses. The majority of people with mental illness can return to productive lives if their mental illness is treated. That is the good news: Mental illness treatment works. Unfortunately, today, a majority of those who need treatment for mental illness do not seek it. Much of this is due to stigma, rooted in fear and ignorance, and an outmoded view that mental illnesses are character flaws, or a sign of individual weakness, or the result of indulgent parenting. This is most emphatically not true. Left untreated, mental illnesses are as real and as substantial in their impact as any other illnesses we can now identify and treat.

Mr. Speaker, Medicare's elderly and disabled mentally ill population faces a double burden. Not only must they overcome stigma against their illness, but once they seek treat-

ment the Federal Government via the Medicare program forces them to pay half the cost of their care out of their own pockets. Congress would be outraged and rightly so if we compelled a Medicare cancer patient to pay half the cost of his or her outpatient treatment, or a diabetic 50 cents of every dollar charged by his or her endocrinologist. So why is it reasonable to tell the 75-year-old that she must pay half the cost of treatment for major depression? Why should the chronic schizophrenic incur a 20 percent copayment for visiting his internist, but be forced to pay a 50 percent copayment for visiting a psychiatrist for the treatment of his schizophrenia?

It is most emphatically not reasonable. It is blatant discrimination, plain and simple, and we should not tolerate it any longer. That is why I am introducing the Medicare Mental Illness Non-Discrimination Act. It is time we acknowledged what Dr. Satcher and millions of patients and physicians and other health professionals and researchers have been telling us: Mental illnesses are real, they can be accurately diagnosed, and they can be just as effectively treated as any other illnesses affecting the Medicare population. We can best do that by eliminating the statutory 50 percent copayment discrimination against Medicare beneficiaries who, through no fault of their own, suffer from mental illness.

My legislation is extremely simple. It repeals Section 1833(c) of the Social Security Act, thereby eliminating the discriminatory 50 percent copayment requirement. Once enacted, patients seeking outpatient treatment for mental illness would pay the same 20 percent copayment we require of Medicare patients seeking treatment for any other illnesses. My bill is a straightforward solution to this last bastion of Federal health care discrimination.

Last year, via Executive Order we at last initiated parity coverage of treatment for mental illness for our federal employees and their families. Members of Congress and their staff, who are covered under FEHBP, have parity for treatment of mental illnesses. If parity is good enough for federal employees and for Members of Congress and their staff, can we now do any less for our Medicare beneficiaries? I urge my colleagues to join with me in righting this wrong.

Mr. Speaker, I ask that a letter in support of this legislation from Dr. Daniel B. Borenstein, President of the American Psychiatric Association, be included in the Record.

AMERICAN PSYCHIATRIC ASSOCIATION,
Washington, DC, January 5, 2001.

Hon. MARGE ROUKEMA,
House of Representatives, Rayburn House Office
Building, Washington DC.

DEAR CONGRESSWOMAN ROUKEMA: The American Psychiatric Association (APA) a medical specialty society representing over 40,000 psychiatric physician nationwide, is deeply concerned about the crisis surrounding children's mental health. We welcome the opportunity to work with the 107th Congress as it presents America with the opportunity to dedicate itself to the well being of our children and families.

According to the "National Action Agenda on Children's Mental Health" released by the Surgeon General earlier this week; the United States is facing a disastrous state of health care for children. In the U.S., 1 in 10 children and adolescents suffer from mental illness severe enough to cause impairment. Yet, in any given year, it is estimated that fewer than 1 in 5 of these children receives

needed treatment. The long-term consequences of untreated childhood disorders are costly, both in human and fiscal terms.

It is a national crisis that millions of Americans continue to struggle with mental illness. Children and families are suffering because of missed opportunities for prevention and early identification, low priorities for research and resources and fragmented services. Overriding all of this is the issue of stigma, which continues to surround mental illness.

The American Psychiatric Association and our members are pleased to offer our medical expertise and experience expertise to you and your staff on the critical issues outlined in the Surgeon General's Report. We place particular emphasis on the Report's call for the need to: develop and disseminate scientifically-proven prevention, diagnostic and treatment services in the field of children's mental health; eliminating the ethnic and socioeconomic disparities in access to mental health care; and increasing access to and coordination of quality mental health care services. If the APA can be of further assistance, have your staff contact our Division of Government Relations at 202/682-6060.

Sincerely,

DANIEL B. BORENSTEIN, M.D.,
President.

HONORING MARY VIRGINIA
BURRUS

HON. JAMES A. LEACH

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 13, 2001

Mr. LEACH. Mr. Speaker, today I express my gratitude and appreciation for the work of Mary Virginia "Ginny" Burrus.

Ginny joined my staff on January 16, 1985, providing constituent service in my Burlington, Iowa, office. She and her late husband David owned their own business in Burlington and she had long been active in promoting tourism, the arts as well as the economy of southeastern Iowa.

After redistricting, Ginny helped open my Iowa City office in 1992, continuing to provide outstanding service to the residents of Iowa's First Congressional District.

All of my colleagues know how essential to the functioning of government is the ombudsman role in Congressional offices, and particularly caseworkers within them, play. For constituents with problems, be it with veterans benefits, Social Security, Medicare or student loans, the federal bureaucracy can be a bewildering maze, the applicable laws and regulations often seemingly irrational. An experienced, knowledgeable and sympathetic caseworker can be indispensable in getting the answers needed and problems resolved.

In the 16 years she worked with me, Ginny epitomized the consummate professional and her file is fat with letters from Iowans thanking her for the help she provided. In recent years, as immigration casework increased, her knowledge of immigration law, regulations, processes and paperwork has become legendary. Equally well known has been her patience, both with harried staffers at INS and with newcomers to this country, unfamiliar with both its language and its ways.

Ginny has provided me and the citizens of Iowa a model of what public service is all about. She will now have more time to enjoy